

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number	10/500,096-Conf. #7642
		Filing Date	January 11, 2005
		First Named Inventor	Martin Hendrix
		Examiner Name	K. A. Saeed
		Art Unit	1626
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	LeA 35821 [81477(303989)]
TOTAL AMOUNT OF PAYMENT		(\$) 810.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							Small Entity
Fee Description	Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					

Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Multiple Dependent Claims Fee (\$) Fee Paid (\$)	_____ or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	_____ or HP = _____ x _____ = _____	HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)	_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00		

SUBMITTED BY			
Signature	/Gabriel J. McCool/	Registration No. (Attorney/Agent)	58,423
Name (Print/Type)	Gabriel J. McCool	Telephone	(203) 353-6875
		Date	November 5, 2009

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: November 5, 2009	Electronic Signature for Gabriel J. McCool: /Gabriel J. McCool/